

# THE HARRISBURG AUTHORITY

## REQUEST FOR SERVICE TERMINATION

ACCOUNT NAME: \_\_\_\_\_

ACCOUNT ADDRESS: \_\_\_\_\_

MAILING ADDRESS(IF DIFFERENT FROM ACCOUNT ADDRESS)\_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE NUMBER:\_\_\_\_\_

PROPERTY NUMBER: \_\_\_\_\_

TYPE OF ACCOUNT: \_\_\_\_\_ RESIDENTIAL \_\_\_\_\_ COMMERCIAL \_\_\_\_\_ INDUSTRIAL  
\_\_\_\_\_ OTHER (SPECIFY):  
\_\_\_\_\_

TYPE OF TERMINATION:\_\_\_\_\_ TEMPORARY \_\_\_\_\_ OWNERSHIP TRANSFER  
\_\_\_\_\_ PERMANENT

NUMBER OF UNITS IN PROPERTY \_\_\_\_\_ ARE YOU RESIDING IN THIS  
PROPERTY? \_\_\_\_\_

ARE YOU RENTING THIS PROPERTY OR ANY UNIT IN THIS PROPERTY TO A THIRD PARTY OR PARTIES?  
\_\_\_\_\_

IF SO, PROVIDE THE INFORMATION REQUESTED ON THE ATTACHED SUPPLEMENT TO THIS FORM.

DATE SHUTOFF REQUIRED: \_\_\_\_\_

**A FEE OF \$25.00 PAYABLE TO THE "CITY TREASURER" MUST ACCOMPANY THIS APPLICATION.**

*I, the undersigned, understand that the water service line is the property owner's responsibility and that The Harrisburg Authority or its Management Agent is not responsible for leaks which may result from service termination.*

*If individuals or entities other than you, the undersigned, occupy the property (e.g. tenants) for which you are requesting water service termination, you must notify the Bureau of Water Director at once, because Federal and/or State law may require us to notify all such occupants of said property of the proposed termination of water service prior to actual termination. Failure to notify the City of Harrisburg, as Management Agent for The Harrisburg Authority, of the presence of other occupants or tenants at the property, or to provide complete and accurate information concerning the identity of such occupants or tenants, will result in your having to indemnify, hold harmless and defend The Harrisburg Authority and the City of Harrisburg, as its Management Agent, from and against any and all claims, fees, expenses, losses, damages, liability and costs, including but not limited to, the cost of defense, arising out of or in any way connected with the termination of water service resulting from your failure to provide such notification and information.*

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

### WATER BUREAU USE ONLY

DATE OF TERMINATION: \_\_\_\_\_

INSPECTOR: \_\_\_\_\_

MAIN SIZE: \_\_\_\_\_ METER SIZE: \_\_\_\_\_

METER NUMBER: \_\_\_\_\_

TAP SIZE: \_\_\_\_\_ METER MAKE: \_\_\_\_\_

METER READING: \_\_\_\_\_

TYPE (MATERIAL) OF SERVICE: \_\_\_\_\_

LOCATION OF SERVICE: \_\_\_\_\_

CURB BOX TO GRADE: \_\_\_\_\_ YES \_\_\_\_\_ NO

CURB BOX ACCESSIBLE: \_\_\_\_\_ YES \_\_\_\_\_ NO

VALVE ON CURB SIDE OF METER: \_\_\_\_\_ YES \_\_\_\_\_ NO TYPE: \_\_\_\_\_

BACKFLOW PREVENTION INSTALLED: \_\_\_\_\_ YES \_\_\_\_\_ NO

PLEASE COMPLETE AND RETURN TO:

DR. ROBERT E. YOUNG WATER SERVICES CENTER  
100 PINE DRIVE  
HARRISBURG, PA 17103

# THE HARRISBURG AUTHORITY

## SUPPLEMENT TO THE REQUEST FOR SERVICE TERMINATION TENANT LISTING

ACCOUNT NAME: \_\_\_\_\_

ACCOUNT ADDRESS: \_\_\_\_\_

MAILING ADDRESS(IF DIFFERENT FROM ACCOUNT ADDRESS)\_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

PROPERTY NUMBER: \_\_\_\_\_

NUMBER OF UNITS IN PROPERTY \_\_\_\_\_

1.) The following is a complete list of all residential units, unoccupied or occupied for which the undersigned requests the termination of water service, and if any such units are presently occupied by tenants, the names and addresses of such tenants:

<u>Unit No</u>	<u>Address</u>	<u>Names of Tenants, if occupied</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

2.) The undersigned hereby certifies that the above listed units are either unoccupied, or if occupied, the tenants occupying such units have consented in writing to the proposed termination of water service.

3.) If the undersigned is unable to make the certification in paragraph 2 above, the undersigned acknowledges that the termination of water service will not occur until either (i) the above-named tenants have informed the City of Harrisburg, as Management Agent for The Harrisburg Authority, orally or preferably in writing of their consent to the termination, or (ii) the City of Harrisburg, as Management Agent for The Harrisburg Authority, notifies the tenants of the proposed termination and of their rights under the Commonwealth of Pennsylvania's Utility Service Tenants Rights Act.

4.) The undersigned executes this Supplement to the Request For Service Termination with full knowledge that ANY FALSE STATEMENTS MADE ARE PUNISHABLE CRIMINALLY.

DATED: \_\_\_\_\_ (NAME)  
 \_\_\_\_\_ (ADDRESS)  
 \_\_\_\_\_  
 \_\_\_\_\_ (TELEPHONE)

Sworn to and Subscribed  
 before me this \_\_\_\_\_ day  
 of \_\_\_\_\_.

**\*THE UNDERSIGNED MUST HAVE THIS DOCUMENT  
 NOTARIZED.**

PLEASE COMPLETE AND RETURN TO:

DR. ROBERT E. YOUNG WATER SERVICES CENTER  
 100 PINE DRIVE  
 HARRISBURG, PA 17103

717-238-8725

COPY 1: WATER BUREAU

COPY 2: PROPERTY FILE

COPY 3: CUSTOMER FILE

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2/7/08